



Virginia Department of Planning and Budget

FATS ACCESS REQUEST FORM

Name _____ Phone _____
Last, First, MI

Agency Name _____ Agency Code _____

Are there other agencies for which this agency is responsible? ☐ Yes ☐ No
If yes, please list the agencies in the "Special Considerations" block below.

System Access	Data Access	Signoff Authority
<input type="checkbox"/> Add	<input type="checkbox"/> Inquiry Only	<input type="checkbox"/> None
<input type="checkbox"/> Change	<input type="checkbox"/> Update	<input type="checkbox"/> Review
<input type="checkbox"/> Delete		<input type="checkbox"/> Approval

VITA LOGIN ID _____

VITA ACCOUNT # _____ PRINT DESTINATION _____

Special Considerations:

Requesting Agency's Budget/Fiscal Officer:

Printed Name _____ *Date* _____

Signature _____ *Phone* _____

DPB Security Officer:

Signature _____ *Date* _____

Please forward to: Agency Security Officer
Department of Planning and Budget
200 North Ninth Street, Room 418
Richmond, VA 23219